Premier Health Plan

Premier Health Plan
Pharmacy Services
Phone: 866-822-2714
Fax: 855-862-6518

DALIRESP
Prior Authorization Form

□ Standard Request (72 hours) □ Expedited Request (24 hours)	If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For expedited requests you will receive a decision within 24 hours. You cannot request an expedited coverage determination if you are requesting reimbursement for a drug you already received.

Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

Medication Information

Drug Requested:	Strength:	Directions:	Quantity Dispensed:	Day Supply:
DALIRESP	**500mcg Tablet**			
□ New medication □ Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.		

Clinical Information

Diagnosis Code:	Date Diagnosed:

Does the member have a diagnosis of severe COPD (Gold stage III or IV)? □ Yes □ No

Does the member have chronic bronchitis? □ Yes □ No

Does the member have a history of COPD exacerbation within the past year? □ Yes □ No

Does the member have moderate to severe liver impairment? □ Yes □ No

Does the member have a diagnosis of depression or on current treatment for depression? □ Yes □ No
If yes, include documentation of an evaluation by a behavior health provider. □ Chart documentation

History of Medications Used to Treat Above Condition

□ No other medications have been used to treat this condition

*Trial and failure of an inhaled long-acting beta agonist OR long-acting anticholinergic AND a glucocorticosteroid is req.

Medication	Strength	Directions	Dates of Therapy		Reason for Discontinuing
			Start	End	

Please provide any additional information which should be considered in the space below: